## Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

## Application for Extension of Time To File U.S. Income Tax Return

2001

OMB No. 1545-0070

	nent of the Revenue	e Treasury Service		iens Abroad Who Expect To Qualify for ▶ See instructions on page 3.	Special Tax Treatment			
Please type o orint.		ur first na	me and initial	Last name	Your social so	ecurity number		
		joint retu	ırn, spouse's first name and initial	Last name	Spouse's soc	ial security number		
File by the du date fo	e Ho	me addre	ss (number and street)					
filing your return.		City or town, province or state, and country (including postal or ZIP code)						
			Please fill in the F	Return Label at the bottom of t	ihis page.			
	or othe	er tax ye	ear ending	to file my in the fil	in a foreign country and	d I expect to qualify		
				a fide residence test" or the "physic				
		re you previously granted an extension of time to file for this tax year?						
3	Doto v	u need	additional time to allocate movil	ng expenses?		. 🗌 Yes 🔲 No		
3 Will you need additional time to allocate moving expenses?								
<ul><li>b Date qualifying period begins ; ends</li><li>c Your foreign home address ;</li></ul>								
				s				
u				tax. Full payment is required to avoid				
5				form · · · · · · · · · ·				
f you	и ехре	ct to fil	e a gift or generation-skipping	transfer (GST) tax return, complet n these lines. (See instructions.)	V////			
				ax return (Form 709 or 709-A) <b>You</b>	rself ▶□	/X//////X////X/////X/////X////////////		
	-	-		ne instructions and check here   Spo		// <i>///////////////////////////////////</i>		
				are paying with this form				
				<b>spouse</b> is paying with this form .		<u>,                                    </u>		
				ignature and Verification				
				m, including accompanying schedules and sta er than the taxpayer, that I am authorized to p		ny knowledge and belief,		
t is titu	ie, correc	i, and cc	implete, and, ii prepared by someone other	er than the taxpayer, that I am authorized to p	repare this form.			
Signat	ture of t	axpayer	<b>&gt;</b>		Date ▶			
Siana	tura of	spouse	_		Date <b>&gt;</b>			
-		oreparer			Date >			
other	than ta	xpayer	<b>&gt;</b>		Date ►			
				dress, and social security number. The to an agent acting for you, enter the other				
						(Do not detach)		
			We have approved your applica	ition.		,		
			We have not approved your app					
Noti	ce to		However, we have granted a 45	-day grace period to				
Appl	icant		considered a valid extension of	time for elections otherwise required	d to be made on a time	ely return.		
	Ве	We <b>have not</b> approved your application. After considering the above information, we cannot grant your request for an extension of time to file. We are not granting a 45-day grace period.						
	pleted ne IRS	ed   We cannot consider your application because it was filed after the due date of			due date of your return	1.		
	ic iito		Other					
				rector	V/////////////////////////////////////	Date		
int)	Тахрау	er's nam	e (and agent's name, if applicable). If a jo	oint return, also give spouse's name.	Taxpayer's soc	cial security number		
r pr					<i>Y///////</i>	;		
_ <b>Ea</b>  ĕ	Number and street finalised with according to the Control of the C			Spannels and	d courity number			
(Please type or print)	Number and street (include suite, room, or apt. no.) or P.O. box number			Spouse's social	al security number			
(Pleas	City or	town, pro	vince or state, and country (including pos	stal or ZIP code)	Agent Always include taxpayer's			